Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

	Date:	03/13/2010	Address:	C.R. 1300 S.& C.R. 550 W.	
	Case #:	<u>32F30386</u>		Jasonville, IN	
	County:	Clay		<u>47438</u>	
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	heck all that apply) Hotel/Motel Open – No Structure Other:		
	Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s):				
	∑ Flammable Solvents: vehicle				
Water Reactive Metal (Lithium): <u>vehicle</u>					
	Anhydrous Ammonia: open air				
	Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base:				
	Other (item and location):				
				•	
	☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin ☐ Retail/M	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip ay Co. Sheriffs Dept.	
This report is to be faxed to the following agencies that serve the location:					
	Fire Department: Coalmont FD		Fax: 812-6		
	Health Dep	eartment: Clay County	Fax: <u>812-4</u> Fax: <u>812-</u> 4		
	Child Prote	ection Service: Clay County	_ 		
	For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempf/ 7922 Phone (812)299-1153				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.